



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

[www.dhmd.maryland.gov/washhealth](http://www.dhmd.maryland.gov/washhealth)

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## REQUEST FOR RECORDS RETRIEVAL

DATE: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

PREVIOUS ROAD NAME: \_\_\_\_\_  
(If renamed)

SUBDIVISION NAME: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT #: \_\_\_\_\_

(Information needed for septic and/or well record retrieval):

YEAR SYSTEM WAS INSTALLED or AGE OF DWELLING (Required): \_\_\_\_\_

NAME OF OWNER (Required): \_\_\_\_\_  
(At time of installation)

NAME OF BUILDER: \_\_\_\_\_

HAS SEPTIC SYSTEM BEEN REPAIRED? \_\_\_\_\_

YEAR REPAIRED (approximate) \_\_\_\_\_

NAME OF OWNER(at time of repair) \_\_\_\_\_

WELL TAG NUMBER: \_\_\_\_\_

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(Information needed for percolation test record retrieval)

YEAR PERC TEST WAS PERFORMED: \_\_\_\_\_

NAME OF PERSON WHO APPLIED FOR PERC TEST: \_\_\_\_\_

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CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

**COST: \$15.00 PROCESSING FEE, PER REQUEST**

**Make checks payable to Washington County Health Department.**

**NOTE: The record retrieval process is time-intensive. Please allow up to 30 days for your request to be completed.**

Date Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
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ENVIRONMENTAL HEALTH  
1302 Pennsylvania Avenue  
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